



2013 Fire Ready Evaluation

To be completed and returned to the Governor's Office of Community Service within
one week of the completion of your project.

SECTION I. EVENT INFORMATION

Event Name	
Sponsoring Organization	
EIN #	
Venue	
Location (City, County, State and Zip)	
Date(s) & Time(s)	
Trainer(s) (if applicable)	

Point of Contact Name	
Organization	
Address (City, County, State and Zip)	
Email	
Phone	
Website	

SECTION II. EVENT RECAP

Describe the results of your <i>Fire Ready</i> project.	
Why do you believe that this was an important project for the target population? What aspects of your project were	

particularly successful?	
What additional needs did you identify among the population to increase wildfire preparedness?	
What challenges did you encounter during the implementation of this project?	
Did you receive any media coverage of the event? If so, please attach or provide links to media coverage	
Do you plan on conducting this project again next year? Why or why not?	
Provide anecdotes, quotes, or additional comments/information that demonstrate the impact of this project	

SECTION III. MEASUREABLE OUTCOMES

A. Participation

Target Population	Total Number of Participants
National Service Members/Volunteers	
Low Income Residents	
American Indians	
People with Disabilities	
Veterans and Military Families	
55 + and Seniors	
Youth	
Whole Community	
TOTAL	

B. Volunteers

Total Number of Volunteers	
Total Number of Volunteer Hours Contributed	

C. Partners

Partner	Role of Partner

SECTION IV. EXPENDITURE REPORT

Total Amount of OCS Funds Expended	
Total Amount of Other-Cash and In-Kind Contributions	

Please list the nature and quantity of all items purchased with OCS funds	
Item	Total Dollar Amount

Please list the nature and quantity of all items purchased with in-kind funds or donated	
Item	Total Dollar Amount

Attach video and photos (Include a [media release](#) for every person shown)

SECTION IV. EVALUATION CHECKLIST

- ☐ Completed evaluation
- ☐ Itemized receipts
- ☐ Other financial support documents (if requested)
- ☐ Photos and/or videos
- ☐ Media release forms
- ☐ Copies and/or links to media coverage (if applicable)

AUTHORIZED AGENT TO SIGN CONTRACTS

NAME & TITLE (print):

SIGNATURE & DATE:

Send completed Evaluation to:
Governor's Office of Community Service
Attn: Fire Ready
P.O. Box 200801, Helena, MT 59620
Email: serve@mt.gov
Phone: 406-444-1718
Fax: 406-444-4418
Website: ready.mt.gov